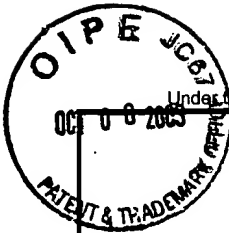


3764



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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/865,344
		Filing Date	May 5, 2001
		First Named Inventor	Eden et. al.
		Art Unit	3764
		Examiner Name	Not yet assigned
Total Number of Pages in This Submission	4	Attorney Docket Number	03141.000003

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name Signature Date	Alicia A. Russo Fitzpatrick, Cella, Harper & Scinto 30 Rockefeller Plaza, New York, NY 10112 October 2, 2003

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CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Signature		Date	October 2, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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Examiner:

Group Art Unit: 3764 **GROUP 3600**

In re Application of: **Eden et. al.**

Application No.: **09/865,344**

Filed: **May 25, 2001**

For: **Implementing an employee-rights-sensitive drug free workplace policy**

Commissioner for Patents
Alexandria, VA 22313-1450

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REVOCATION AND NEW POWER OF ATTORNEY

Sir:

As assignee of record of the entire interest of the above-identified patent application, all powers of attorney previously given are hereby revoked and the attorneys associated with the firm and Customer Number provided below are hereby appointed to prosecute and transact all business in the Patent and Trademark Office connected therewith, and it is directed that all correspondence be addressed to the address associated with that Customer Number:

FITZPATRICK, CELLA, HARPER & SCINTO
Customer Number: 05514

ASSIGNEE CERTIFICATE UNDER 37 C.F.R. 3.73(b)

DrugRisk Solutions, LLC, a corporation duly organized under the laws of New York, and having its former principal place of business at 120 Hughes Road, Schuylerville, New York 12871-1843, and its current principal place of business at 12 Spring Street, Schuylerville, New York 12871, hereby certifies that it is the owner of all right, title, and interest in the above-identified application, by virtue of a Chain of Title from the inventor(s) Thomas M. Eden, III and John S. Sundsmo of the above-identified application to the current assignee as follows:

a. From: Thomas M. Eden and John S. Sundsmo; To: Institute For Prevention of Substance Abuse, LLC

The assignment document was recorded in the Patent and Trademark Office at Reel 012003, Frame 0339.

A request for Name Change of Assignee is filed concurrently herewith indicating that the Chain of Title is as follows:

b. From: Institute for Prevention of Substance Abuse, LLC; To: DrugRisk Solutions, LLC.

I am empowered to sign this certificate on behalf of the assignee, DrugRisk Solutions, LLC.

Date: September 17, 2003

Name: David H. Brill

Title: President & CEO

Signature: 

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